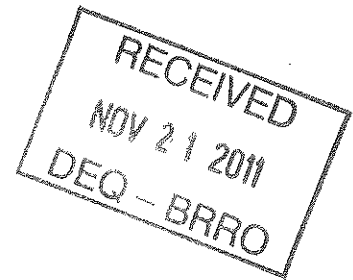


Newton Mobile Home Court
W. Dennis Newton
P.O. Box 627
Buffalo Junction, Virginia 24529

November 17, 2011



Department Environmental Quality
Lynchburg Office
Leah, R. Revelle
7705 Timberlake Road
Lynchburg, Virginia 24502

RE: VPDES Permit Number VA0062421 – Reissuance Permit
Newton Mobile Home Court; Mecklenburg County, Virginia

Dear Mrs. Revelle

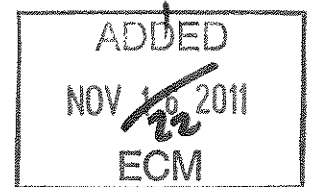
This letter comes in reference to Newton Mobile Home Court VPDES Permit, Number VA0062421,
Enclosed you will find completed application for reissuance permit for Newton Mobile Home Court;
waiver letters for fecal coliform , sludge testing and letter for total suspended solids reduction.

Thank you for assistant, if you need any more information please feeling to call me at 4343-374-4254
or 434-447-3857 ext. 3270

Sincerely,

A handwritten signature in cursive script that reads "Richard Townes".

Richard Townes
Operator





AUTHORIZATION TO BILL APPLICANT FOR A PUBLIC NOTICE

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent shown below. The public notice will be published once a week for two consecutive weeks in:

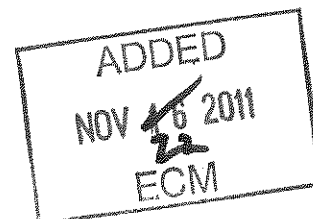
The News – Progress

Agent/Department to be billed: W. Dennis Newton
Owner
Newton Mobile Home Court

Applicant's Address: P.O. Box 627
Buffalo Junction, VA 24529

Agent's Telephone No: (434) 374-4254

Authorizing Agent: W. Dennis Newton
Signature



Permit No. VA0062421
Attn: Leah R. Revelle

Newton Mobile Home Court
P.O. Box 267
Buffalo Junction, Virginia 24529

October 17, 2011

Department of Environmental Quality
Blue Ridge Regional Office
7705 Timberlake Road
Lynchburg, Virginia 24502

RE: Wavier Request (Fecal Coliform)
Newton Mobile Home Court WWTP
VPDES Permit Number VA0062421

Dear Mrs. Leah R. Revelle,

Newton Mobile Home Court Wastewater Plant requesting an application testing wavier for Fecal Coliform, based on the use of chlorine for disinfection.

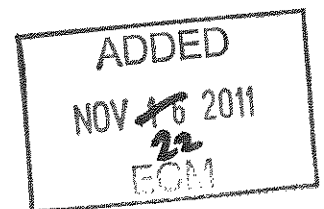
This request would be greatly appreciate. Thank you in advance.

If I can be of further assistance please, feel free to call me at (434) 374-4254

Sincerely,



W. Dennis Newton
President / Owner



Newton Mobile Home Court
P.O. Box 267
Buffalo Junction, Virginia 24529

October 17, 2011

Department of Environmental Quality
Blue Ridge Regional Office
7705 Timberlake Road
Lynchburg, Virginia 24502

RE: Reduction Request (Total Suspended Solids)
Newton Mobile Home Court WWTP
VPDES Permit Number VA0062421


Dear Mrs. Leah R. Revelle,

Newton Mobile Home Court Wastewater Plant requesting an application testing reduction for total suspended solids.

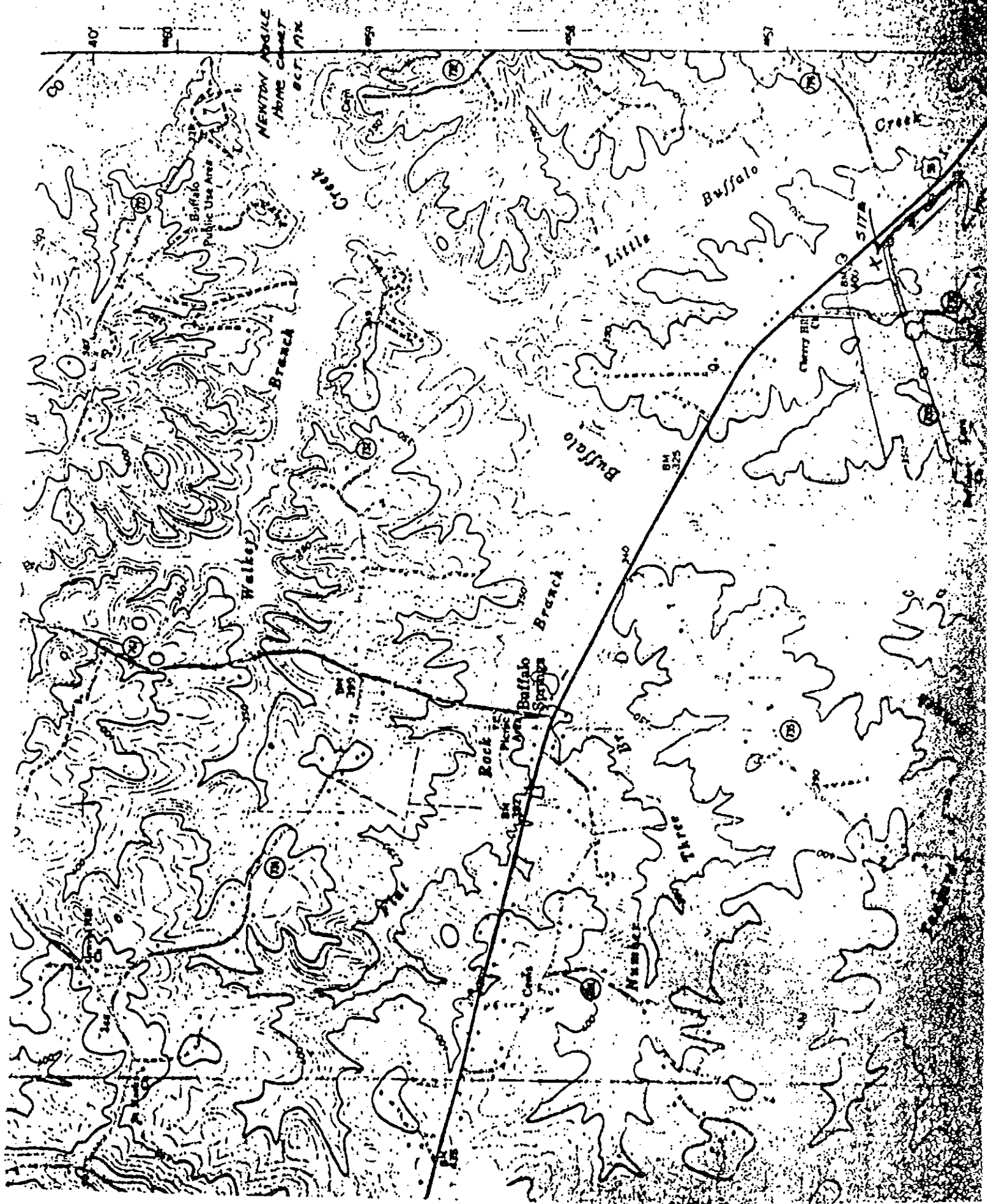
This request would be greatly appreciate. Thank you in advance.

If I can be of further assistance please, feel free to call me at (434) 374-4254

Sincerely,



W. Dennis Newton
President / Owner



FACILITY NAME AND PERMIT NUMBER:

Newton Mobile Home Court VA0062421

Form Approved 1/14/99
OMB Number 2040-0086

FORM
2A
NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ADDED
NOV 22 2011
ECM

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A BASIC APPLICATION INFORMATION FOR ALL APPLICANTS

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name

Newton Mobile Home Court

Mailing Address

P.O. Box 627
Buffalo Junction, VA 24529

Contact person

W. DENNIS NEWTON

Title

President / Owner

Telephone number

434-374-4254

Facility Address

173 Summerville St

(not P.O. Box)

Buffalo Junction, VA 24529

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name

Mailing Address

Contact person

Title

Telephone number

Is the applicant the owner or operator (or both) of the treatment works?

☒

owner

☐

operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐

facility

☒

applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES

VA0062421

PSD

UIC

Other

RCRA

Other

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name

Population Served

Type of Collection System

Ownership

Newton Mobile Home Ct

250

Separate

Private

Total population served

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086Newton Mobile Home Court VA0062421

A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

- A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.035
- mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	<u>0.029</u>	<u>0.030</u>	<u>0.030</u>	mgd
c. Maximum daily flow rate	<u>0.048</u>	<u>0.046</u>	<u>0.043</u>	mgd

- A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer _____ %

☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent ☒
- ii. Discharges of untreated or partially treated effluent _____
- iii. Combined sewer overflow points _____
- iv. Constructed emergency overflows (prior to the headworks) _____
- v. Other _____

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

FACILITY NAME AND PERMIT NUMBER:

Newton Mobile Home Court VA0062421

Form Approved 11/14/99
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility.

_____ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

_____ Yes

☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method

☒

continuous or

☐

intermittent?

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Newton Mobile Home Court VA0062421

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number

001

b. Location

Buffalo Junction

(City or town, if applicable)

Mecklenburg

(County)

24529

(Zip Code)

Virginia

(State)

(Latitude)

(Longitude)

c. Distance from shore (if applicable)

ft.

d. Depth below surface (if applicable)

ft.

e. Average daily flow rate

mgd

f. Does this outfall have either an intermittent or a periodic discharge?

Yes

✓

No

(go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs:

Average duration of each discharge:

Average flow per discharge:

mgd

Months in which discharge occurs:

g. Is outfall equipped with a diffuser?

Yes

✓

No

ADDED
NOV 22 2011
ECM

A.10. Description of Receiving Waters.

a. Name of receiving water

Little Buffalo Creek

b. Name of watershed (if known)

N/A

United States Soil Conservation Service 14-digit watershed code (if known):

N/A

c. Name of State Management/River Basin (if known):

Roanoke River

United States Geological Survey 8-digit hydrologic cataloging unit code (if known):

N/A

d. Critical low flow of receiving stream (if applicable):

acute cfs

chronic cfs

e. Total hardness of receiving stream at critical low flow (if applicable): mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99
OMB Number 2040-0086

Newton Mobile Home Court VA0062421

A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary
☐ Advanced ☐ Other. Describe: _____

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal _____ %
 Design SS removal _____ %
 Design P removal _____ %
 Design N removal _____ %
 Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

~~Chlorine~~ Chlorine

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes ☐ No

- d. Does the treatment plant have post aeration?

☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.069	S.U.			
pH (Maximum)	9.079	S.U.			
Flow Rate	0.048	MGD	0.029	MGD	3 YRS
Temperature (Winter)	15.3	°C	12.2	°C	57 Samples
Temperature (Summer)	26.9	°C	26.4	°C	62 Samples

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD
	Conc.	Units	Conc.	Units	Number of Samples	
						NOV 27 2011 ML / MDL ECM

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5	17	MG/L	8.3	MG/L	36	SM18/5210B <5
FECAL COLIFORM							
TOTAL SUSPENDED SOLIDS (TSS)		18	MG/L	11.1	MG/L	36	SM18/25400 <1

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Newton Mobile Home Court VA0062421

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day)

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

0.029 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? Yes ☐ No ☒

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

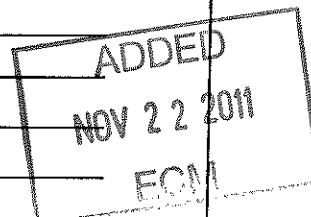
B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

001

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Yes ☐ No ☒



FACILITY NAME AND PERMIT NUMBER:

Newton Mobile Home Court VA0062421

Form Approved 1/14/99
OMB Number 2040-0086

- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

ADDED

NOV 22 2011

ECM

ADDED
NOV 22 2011
ECM

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Newton Mobile Home Court VA0062421

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

W. Dennis Newton / President

Signature

W. Dennis Newton

Telephone number

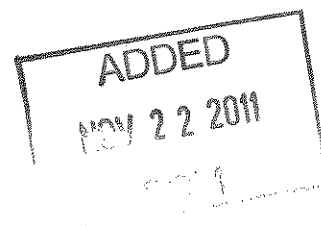
434-374-4254

Date signed

11-9-11

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:



FACILITY NAME: Newton Mobile Home Court

VPDES PERMIT NUMBER: VA0062421

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☒ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

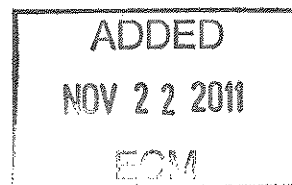
c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☒ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).



FACILITY NAME: Newton Mobile Home Court

VA0062421

VPDES PERMIT NUMBER:

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
 - a. Facility name: Newton Mobile Home Court
 - b. Contact person: W. Dennis Newton
Title: President / Owner
Phone: (434) 374-4254
 - c. Mailing address:
Street or P.O. Box: 627
City or Town: Buffalo Junction State: VA Zip: 24529
 - d. Facility location:
Street or Route #: 173 Summerville St
County: Mecklenburg
City or Town: Buffalo Junction State: VA Zip: 24529
 - e. Is this facility a Class I sludge management facility? Yes ☒ No
 - f. Facility design flow rate: 0.035 mgd
 - g. Total population served: 250
 - h. Indicate the type of facility:
☐ Publicly owned treatment works (POTW)
☒ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe):
2. Applicant Information. If the applicant is different from the above, provide the following:
 - a. Applicant name:
 - b. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
 - c. Contact person:
Title:
Phone: ()
 - d. Is the applicant the owner or operator (or both) of this facility?
☐ owner ☐ operator
 - e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☐ facility ☐ applicant
3. Permit Information.
 - a. Facility's VPDES permit number (if applicable): VA0062421
 - b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes ☒ No If yes, describe:

FACILITY NAME: Newton Mobile Home Court

VPDES PERMIT NUMBER: VA0062421

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☐ Yes ☒ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name:
Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
Phone: () _____
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
- If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

- ☒ Section A (General Information)
☐ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
☐ Section C (Land Application of Bulk Sewage Sludge)
☐ Section D (Surface Disposal)

FACILITY NAME: Newton Mobile Home Ct

VPDES PERMIT NUMBER: VA0062421

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title W. Dennis Newton / OWNER

Signature W. Dennis Newton Date Signed

Telephone number 434-374-4254

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.